IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 091589 PIN# 4705988127 DATE 3/20/01

OWNER OR CONTRACTOR Allied Partners PHONE: Business (704) 902-4015 Home (704) 871-1536

ADDRESS 310 Treebark Rd Statesville, N.C. 28687

LOCATION Hwy 90W, @ Village, @ Heartwood on Right

SUBDIVISION Village Point BLOCK / SECTION I LOT #19 LOT AREA .57 SITE CLASS R5 DESIGN FLOW 360 L.T.A.R. .3

Septic Tank: 1000 Gallons: STB 1012 Date 2-20-01
Pump Tank: _____ Gallons: PT _____ Date _____
Pump Make: _____ Model _____ Serial No. _____
Nitrification Field: No Fields 1 Square Feet equivalent to 200' Linear Feet 300'
No Lines 5 Trench Width 36" Max Trench Bottom Depth 30"

X New System ☐ Repair System Type: I, II, (III), IV, V, VI
System Description: Gravity, 25% Reduction
Repair System Description: Pump, Conventional
Maintenance Agreement Required: ☐ Yes X No

☐ House/Mod. Home No. Bedrooms 3
X Mobile Home No. Bathrooms 2
☐ Business No. Employees _____
☐ Other _____

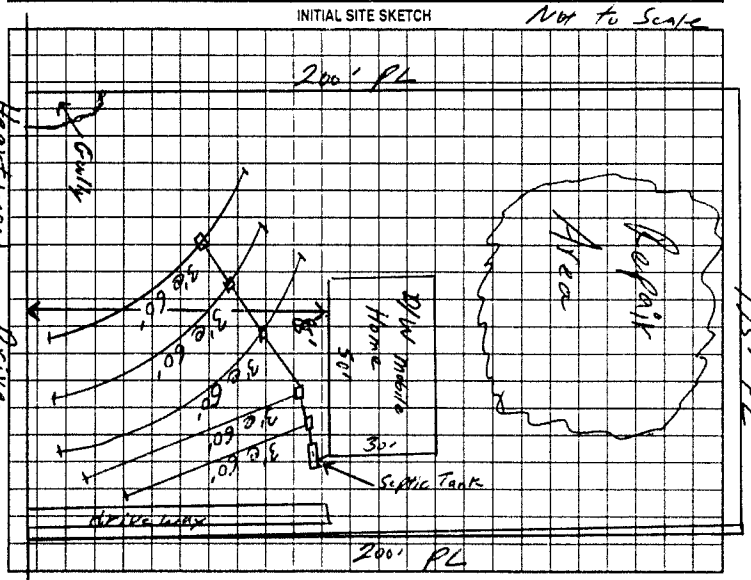
☐ Slab X Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual X Public ☐ Community

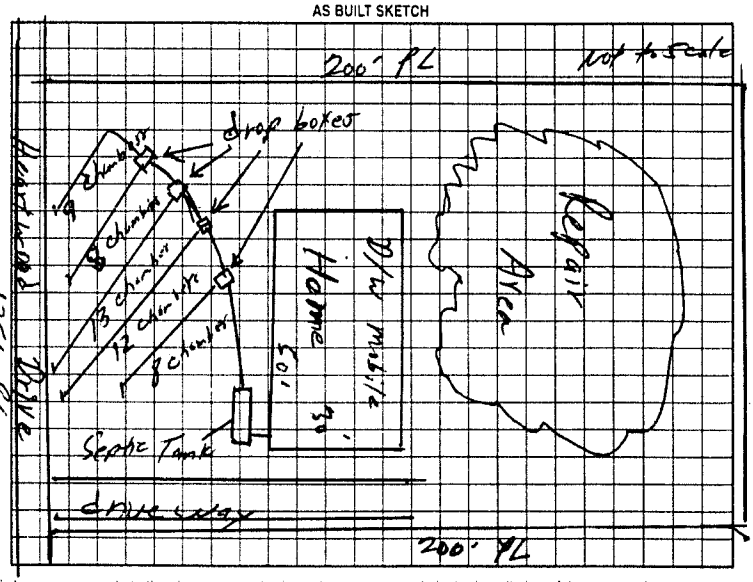
Comments/Conditions: ① Install liner on contour ② Install 25% Reduction System using 300ft HOES sections or 48 chambers (as built) w/drop boxes

Comments/Conditions: Poly Lok-Filter Installed – Septic Tank risers Installed – 48 Infiltrator Chambers Installed

INITIAL SITE SKETCH Not to Scale



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration, Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Dennis Dallke date _____ Installed by: A/ Backhoe

Improvement Permit by: William O. Johnson RSI date 3/20/01 Operation Permit by: William O. Johnson RSI date 4/3/01

Authorization to Construct by: William O. Johnson RSI date 3/20/01 Existing System Inspection by: _____ date _____

HEALTH DEPT COPY WHITE OWNER COPY (FINAL) YELLOW OWNER COPY (INITIAL) PINK